

Student: _____ Last Name, First Name DOB: _____ mm/dd/yyyy District: _____ Meeting Date: _____ mm/dd/yyyy

Required Data Collection
(Collect and/or update at every PPT)

For Children 3 years of age

Free Appropriate Public Education (FAPE) by age 3. ☐ Yes ☐ No

If the Oct 1st reported "Annual Review/PPT Meeting Date" and child's DOB indicate that the child did not receive FAPE by their 3rd birthday, why?

- ☐ Late referral (less than 90 days before 3rd birthday) ☐ Moved into district late ☐ Other (Specify) _____
- ☐ Child initially found not eligible at age 3 (re-referred to district at a later date) ☐ Parent Choice ☐ FAPE met via earlier PPT. Date of initial PPT was _____

Placement/Settings for students 5 or younger OR grade is preschool:

1. Provide the hours per week the child participates in an early childhood program which is not provided as a part of the IEP (hours from pg 2): _____

2. Identify the placement/setting where the child spends the majority of their week which is a combination of programming from both pages 2 AND 11:

- ☐ Early Childhood Preschool or Kindergarten Program – includes 50% or more non-disabled children ☐ Early Childhood Special Education Program in Separate Class – includes less than 50% non-disabled children
- ☐ Early Childhood Special Education Program in Separate School – includes less than 50% non-disabled children ☐ Early Childhood Special Education Program in Residential Facility – includes less than 50% non-disabled children
- ☐ Home ☐ Service Provider Location (Itinerant Services) – applies only when a child does not spend time in any environment with non-disabled peers

Education Placement 3 to 21 years of age

1. Early Intervention Participant (EIP) ☐ Yes ☐ No

2. Primary reason for Educational Location

- | | | | | | |
|--|---|---|---|--|--|
| <input type="checkbox"/> PPT | <input type="checkbox"/> Open Choice (Parent Placement) | <input type="checkbox"/> Interim Alternative Education Setting-IAES | <input type="checkbox"/> Court Order Following Due Process | <input type="checkbox"/> District transition/vocational program or age appropriate community based program | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Charter School (Parental Choice) | <input type="checkbox"/> Vo-Ag School (Parental Choice) | <input type="checkbox"/> Expulsion | <input type="checkbox"/> Mediation Agreement (reached with participation of an SDE mediator) | | <input type="checkbox"/> None (Awaiting Placement) |
| <input type="checkbox"/> CTHSS (Parental Choice) | <input type="checkbox"/> Service plan only (Parent Placement in Private School) | <input type="checkbox"/> Parent/BOE Settlement Agreement | <input type="checkbox"/> Resolution Agreement (reached through a resolution session held in relation to a parent's due process hearing request) | | |
| <input type="checkbox"/> Inter-district Magnet (Parental Choice) | <input type="checkbox"/> Medical (Hospital or Homebound) | <input type="checkbox"/> Due Process Hearing | <input type="checkbox"/> Non-Educational Restriction / Treatment Boundary (must answer 3a - who initiated non-educational restriction/treatment boundary) | | |

3. If student doesn't live at home, where does he/she live?

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Correctional Facility (District 336 only) | <input type="checkbox"/> Municipal Detention Center (Bridgeport, Hartford, New Haven) | <input type="checkbox"/> Foster Home | <input type="checkbox"/> Safe Home | <input type="checkbox"/> Private Residential Treatment Center |
| <input type="checkbox"/> DCF Facility (District 347 only) | <input type="checkbox"/> Private Detention Center e.g. SAGE, Washington Street Juvenile Detention Center | <input type="checkbox"/> Permanent Family Residence http://www.dir.ct.gov/DCF/LicensedFacilities/listing_PFR.asp | <input type="checkbox"/> Supported housing (housing subsidized by DCF, DDS, DMHAS or other state agency.) | <input type="checkbox"/> Private Residential Educational School |
| <input type="checkbox"/> DMHAS Facility (District 337 only) | <input type="checkbox"/> Hospital | <input type="checkbox"/> Group Home | <input type="checkbox"/> Temporary Shelter (includes Permanency Diagnostic Center (PDC) and STAR shelters) | <input type="checkbox"/> Other (Specify) _____ |

3a. If student's placement is not in a district program, who/what entity initiated the placement?

State Agency Placement Grant applies if placement initiated by: ☐ DCF ☐ DDS ☐ DMHAS ☐ Judicial Department ☐ Indian Nation

LEA Excess Cost Grant may apply when placement is made by: ☐ PPT ☐ Physician ☐ Resolution Agreement ☐ Settlement Agreement ☐ Mediation Agreement ☐ Hearing Decision

GRADUATION

The student is projected to graduate in what year? (Enter the school year formatted as YYYY-YYYY that is determined at the annual review during the student's 9th grade year.)

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Y	Y	Y	Y	Y	Y	Y	Y	Y